

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JIL		10-16-01
O.I.P.E. CLASSIFIER	ASL		
FORMALITY REVIEW	AM	917	06-1-01
RESPONSE FORMALITY REVIEW	SA	(077	9/20/01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Original	Amend.	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
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Claim	Date
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Claim	Date
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Form PTO-436.

Form PTO-434
(Rev 6-99)